



## Department of Veterans Affairs

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OMB Number 2900-0554  
Estimated Burden: 35 hours

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This collection of information is intended to assist VA Mental Health Strategic Health Group officials determine eligibility to receive grant and/or per diem payments and to rate and rank these applicants. Response to this survey is voluntary and failure to participate will have no adverse effect on benefits to which you might otherwise be entitled.

# *Homeless Provider Grant and Per Diem Program Application Per Diem Only*

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VA Form  
JAN 2002

10-0361 PDO

**Supersedes all previous editions of VA Form 10-0361 PDO**



## **SECTION A – GENERAL INFORMATION AND INSTRUCTIONS**

**Paperwork Reduction Act (PRA) Notice:** This application has been approved by OMB (Office of Management and Budget) under PRA, 44 USC 3507, and assigned an OMB approval number. The requested information is needed and will be used by VA to determine eligibility for and award of grants/per diem under the VA Homeless Providers Grant/Per Diem Program (PL102-590). Submission of the requested information is required to obtain a benefit.

**Respondent burden:** Public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing instructions, searching existing data source, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Veterans Affairs.

**Purpose and goals:** The purpose of the VA Homeless Providers Grant and Per Diem Program is to promote the development and provision of supportive housing and/or appropriated supportive services, including innovative approaches to assist homeless veterans in the transition from homelessness and to enable them to live as independently as possible. The goal of this program is to help homeless veterans, primarily those living in places not ordinarily meant for human habitation or in emergency shelters, to (1) achieve residential stability; (2) increase their levels and/or income; and (3) obtain greater self-determination. These goals are reflected in the application package and selection criteria for the program.

**Residential stability** refers to access to, and length of stay in, stable affordable housing. Achieving residential stability involves not only the availability of affordable, permanent housing, but also the success of the program in addressing the problems that led to the veteran becoming homeless. Those problems may involve mental illness, substance abuse, physical disabilities, unemployment, or other factors.

**Increased skill level and/or income** refers to the resources needed to enable persons to live as self-sufficiently as possible. For many homeless persons this involves actions to bridge the gap between current income and the cost of living. The gap could be closed through employment, a higher-paying job, or access to entitlement benefits. The likelihood of obtaining a job, or a higher-paying job, could be enhanced through job or skills training, or enrolling in General Equivalency Diploma (GED) or higher education courses. For homeless persons with mental or physical disabilities that are so severe as to rule out outside employment, the goal of increased skill level and/or income may involve actions to increase self-sufficiency in other ways (e.g., life skills training, increased income through employment within a project, or increased income through access to entitlement benefits).

**Greater self-determination** refers to increases in the influence that participants have on decisions that affect their lives. Those increases may result from such actions as involvement in the development of his or her individual housing and supportive services plan



(including developing personal goals), participating in resident advisory council meetings or other involvement in the development of program rules and procedures, involvement in program implementation through such activities as employment and volunteer services, and choice in selecting service providers.

**Measurable objectives:** To apply these goals to their proposed program, applicants must establish and include in their applications measurable objectives for each of the three goals. Applicants must also describe how their proposed programs will help them achieve these goals.

The measurable objectives established by each applicant are expected to vary based on the specific needs and characteristics of the homeless veterans proposed to be served as well as the specific program chosen. Where the population proposed to be selected has multiple or particularly difficult problems that need to be addressed, objectives should reflect realistic expectations.

The highest ratings under the quality of project plan criterion of the application will be awarded to applications containing project plans that describe specific measurable objectives for each of the common goals specified above, how the proposed housing and services will help residents reach these goals, how the program's success will be evaluated, and how program modifications will be made, if necessary, as a result of this evaluation.

VA will not consider the level of expectations described in the objective in rating applications. That is, an application that contains realistic objectives that reflect the very dysfunctional nature of the population to be served will be treated the same as an application that contains more optimistic objectives that reflect a less dysfunctional population. VA specifically does not want the process of establishing measurable objectives to lead applicants away from serving homeless persons with the most serious problems. VA does want applicants for each program to adopt the three goals, carefully consider how they can achieve them through their proposed projects, establish measurable objectives to gauge whether they are achieving the goals and, if funded, periodically measure project results and, as necessary make program adjustments.

**Eligible activities:** Funds may be used to provide operational costs as outlined in governing regulations for programs that furnish supportive services and supportive housing for homeless veterans, including:

1. Transitional housing (up to 24 months) with supportive services designed to enable homeless veterans to become as independent as possible;
2. Supportive services in a service center facility for homeless veterans not in conjunction with supportive housing.

**Eligible applicants:** Public or nonprofit private entities are eligible to apply for per diem payments, including states, metropolitan cities, urban counties, or other governmental entities, Indian tribal governments, and private nonprofit organizations.



**Per diem award process:** VA will notify the applicants with the highest ranked applications (that they are entities eligible for consideration of per diem payments) that they have been conditionally selected. VA expects to announce these selections within 120 days of the application submission deadline. Such applicants will be subsequently notified of the additional information necessary for per diem award and the date of the deadline for submission of such information. If an applicant is unable to meet any conditions for per diem award within the specified timeframe, VA reserves the right to not award funds and to use the funds available for other components of the Grant and Per Diem Program.

**Technical deficiencies:** VA will notify an applicant in of any curable technical deficiencies in the application and the date by which these deficiencies must be corrected. VA must receive corrections in accordance with the information specified in the letter. If the applicant fails to submit the corrections with in this period, VA will disqualify the application.

Curable technical deficiencies are items that are not necessary for VA review under the selection criteria (e.g., failure to submit a required certification). Applicants may not submit items that would improve the substantive quality of the application after the application deadline.

**Documentation and public access requirements:** VA will ensure that documentation and other information regarding each application submitted are sufficient to indicate the basis upon which assistance was provided or denied. This material, including any letters of support, will be made available for public inspection for a five-year period beginning not less than 30 days after the award of the assistance. Material will be made available in accordance with the Freedom of Information Act (5 U.S.C. 552) and VA's implementing regulation at 38 CFR § 1.553.

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## GENERAL INSTRUCTIONS FOR APPLICATION COMPLETION

**Components:** Funds are available for assistance in the form of per diem to:

Provide operational costs as outlined in governing regulations for programs that furnish supportive services and supportive housing for homeless veterans.

A more detailed description of these components, including program requirements, is contained in the rule published in the *Federal Register*, 38 CFR part 17.700. A copy of these regulations is provided in the appendix of this application. Applicants must review the regulations before completing this application.

**Application deadline:** Only timely applications will be considered for funding. To be considered timely, the application must be received at the address and by the time and date specified in the Notice of Fund Availability (NOFA) published in the *Federal Register*. Applications received after the date and time published in the NOFA will not be accepted



even if postmarked by the deadline date. Following the application deadline, applicants will be notified that their application has been received.

**Organization of the Application:** The application is composed in a package format. This allows for easy removal of each individual page for copying and insertion into typewriters or printers.

The application is divided into the following sections: (A) General Instructions, (B) Per Diem Only Application, (C) Not Applicable, (D) Not Applicable, and (E) Appendices. The majority of the application has been formatted in a manner allowing all information and responses to be placed directly on the form. There will be a wide variety of response types.

Generally, a combination of "Fill in the Blank" and "Narrative or Essay" have been used. Many questions have specific text box spaces for responses. Responses should be typed, by using a typewriter, computer, or word processor in the appropriate space provided unless otherwise indicated. **Font size should be 10 point or larger. Do not use the backs of the pages.** Applicants may duplicate on white paper and distribute these materials as needed.

**Specific instructions:** Specific Instructions are located at the beginning of each area with most areas being self-explanatory.

**Responses to questions:** Please do not read "into" the questions. Simply, answer the questions in a direct manner. Be sure to answer all parts of the question. The questions are designed to provide an accurate view of the proposal to a review panel. The space that is provided is sufficient to complete an accurate response. If applicants find they are having trouble answering a question in the space provided, they should look at the response and eliminate what may be unnecessary information. Chances are that a following question will provide an opportunity to use the eliminated information.

**Information other than requested:** The application is designed to provide VA with sufficient information to determine eligibility and to assign rating points for each section criterion. **Applicants must not include information other than that requested.** Moreover, applicants are asked to be concise in presenting requested information and must not exceed the designated spaces provided for response or add additional pages unless the application specifically instructs the applicant to respond on additional pages.

**Definitions and References:** Definitions and references can be found in the Rules and Regulations provided in the appendices. Generally, subjects are self-explanatory or a reference is given as to where to obtain a specific topic explanation.



## Department of Veterans Affairs Homeless Providers Grant & Per Diem Program

**Final application assembly:** An assembly checklist has been provided. The application must be assembled in the order shown on the assembly checklist. After the entire application is assembled:

1. Attach the cover sheet;
2. Number every page of the application sequentially using the applicant page number box;
3. Enter the appropriate page number of each form on the checklist;
4. If a form is not applicable, enter "NA" in the page column of the checklist;
5. Submit the original plus four (4) copies (on white paper);
6. **Do not punch holes in the application;**
7. **Do not submit the application in a loose-leaf binder;**
8. The same authorized representative of the organization who signed the assurances must sign the Standard Form 424.

**For further information:** If you have any questions regarding the VA Homeless Providers Grant and Per Diem Program, contact the Program Office at:

Mail Address: VA Homeless Providers Grant and Per Diem Program  
Department of Veterans Affairs  
10770 North 46<sup>th</sup> Street, Suite C-100  
Tampa, FL 33617

Telephone (toll free): 1-877-332-0334  
FAX (toll free): 1-877-332-0335



Department of Veterans Affairs

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*Homeless Provider Grant and  
Per Diem Program  
Application*

*Section B - Per Diem Only  
Application*

# Application for Federal Assistance

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>	<b>APPLICANT IDENTIFIER</b>
<b>3. DATE RECEIVED BY STATE</b>		<b>STATE APPLICANT IDENTIFIER</b>		
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>FEDERAL IDENTIFIER</b>		
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b>		<b>Organizational Unit:</b>		
<b>Address</b> (give city, county, State, and zip code):		<b>Name and telephone number of person to be contacted on matters involving this application</b> (give area code)		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> ____ - ____		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box)		
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) ____  A. Increase Award   B. Decrease Award   C. Increase Duration D. Decrease Duration Other (specify): _____		A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal          M. Profit Organization G. Special District        N. Other (Specify): _____		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">6 4 - 0 2 4</div> <b>TITLE: VA Homeless Providers Grant and Per Diem Program</b>		<b>9. NAME OF FEDERAL AGENCY:</b> <div style="text-align: center; font-weight: bold;">Department of Veterans Affairs</div>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date	Ending Date	a. Applicant	b. Project	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$	DATE _____		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$			
g. Total	\$			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Type Name of Authorized Representative		b. Title		c. Telephone Number
d. Signature of Authorized Representative				e. Date Signed



## INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

1. Self-explanatory.

2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).

3. State use only (if applicable).

4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

-- "New" means a new assistance award.

-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.

-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item: Entry:

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)



# Department of Veterans Affairs

## APPLICATION FOR VA HOMELESS PROVIDERS GRANTS RECEIPT FORM

If you wish to receive written verification that your application was received by the deadline established in the notice of fund availability, type or print your name and address in the block provided below and attach this form on the top of the original application. The bottom portion will be completed by the Department of Veterans Affairs (VA) and the form returned to you.

NOTE: VA will use the name and address listed on your SF (Standard Form) 424 for all further correspondence.

Department of Veterans Affairs  
Mental Health and Behavioral Sciences

NAME AND ADDRESS:

### VA USE ONLY

☐ Your application for the VA Homeless Providers Grant and Per Diem program was not received by the application deadline specified in the Notice of Fund Availability, and cannot be considered for funding.

☐ Your application for the VA Homeless Providers Grant and Per Diem program was received in this office by the established deadline. It has been assigned the following project number:

PROJECT NUMBER:

# **Homeless Providers Grant and Per Diem Application:**

## **Applicant Summary:**

Your Organization's Name:

	Name	Phone	Fax
Executive Director/CEO			
Person to contact about application			

Mailing Address (if different from agency address on form 424):

## **Veterans Integrated Service Network (VISN):**

In what VISN is your proposed project located? \_\_\_\_\_ (see map in appendix)

Have you coordinated with your VISN Council of Network Homeless Coordinators (CNHC) to ensure your project meets a need in your VISN? If yes, please provide the contact's name in the space provided below. If no, see the VISN CNHC List in the appendix and please contact your CNHC member.

My VISN CNHC Member is:

## **1. Eligibility to Receive VA Assistance:**

**A. Non Profit Organizations** must provide documentation of Accounting System Certification and Evidence of Private nonprofit Status. This should be accomplished by the following:

Providing documentation showing the applicant is a certified United Way Member Agency;

**OR**

Providing certification on letterhead stationery from a CPA or Public Accountant that the organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or that the organization has designated a qualified entity to maintain a functioning accounting system. If an entity is used their name and address must be included in the certification letter;

**AND**

Providing evidence of the nonprofit status of the organization by submitting a copy of their IRS ruling providing tax exempt status under the IRS Code of 1986, as amended.

**B. Primarily Religious Organizations** must certify that it agrees to comply with the requirements of 38 CFR 17.707 (b). Please complete the following statement if your organization meets VA criteria as a primarily religious organization. If you are unsure as to your status as a religious organization consult with the VA Program Manager, (toll-free) 1-877-332-0334.

I, \_\_\_\_\_ certify that \_\_\_\_\_  
(name and title) (name of organization)

agrees that it will provide housing and supportive services in a manner that is free from religious influences and in accordance with the principles listed in 38 CFR 17.707(b).

\_\_\_\_\_  
(Signature and Title of authorized representative)

Date: \_\_\_\_\_

## 2. Project Summary:

Our Organization requests per diem for: (check all that apply)

☐ **TRANSITIONAL HOUSING**

Number of beds that will be available for homeless veterans \_\_\_\_\_

☐ **SERVICE CENTER**

Number of (estimated) non-repeat visits per month \_\_\_\_\_

Check **all** that apply:

- ☐ Current HCHV contract provider
- ☐ Current PDO operational project
- ☐ Non-Profit Organization
- ☐ State/Local Government

- ☐ Indian-Tribal Government
- ☐ Consider agency to be a faith-based organization
- ☐ Urban project location
- ☐ Rural project location

For both transitional housing and service centers, list the supportive services that will be provided:

**A. Special Populations** If the project serves a special population exclusively (meaning to serve this population only) please check the appropriate box.

- ☐ Female homeless veterans
- ☐ Frail and elderly homeless veterans
- ☐ Terminally ill homeless veterans
- ☐ Chronically mentally ill homeless veterans
- ☐ HIV positive population
- ☐ Veterans with PTSD diagnosis
- ☐ Native American homeless veterans

- ☐ Homeless veterans and their families
- ☐ Homeless veterans with substance abuse problems
- ☐ Homeless veterans with dual diagnosis
- ☐ Veterans being released from prison
- ☐ Disabled homeless veterans
- ☐ Homeless veterans with mental illness
- ☐ Other \_\_\_\_\_

(Please specify)

**B. Innovation of Project** Check this block if you wish for your project to be considered as innovative. (See rules §17.711 (5) for innovative quality of proposal.)

☐ Please consider this project for additional points because of its innovation.

## 2. Project Summary (cont.):

### C. Beds and Bedroom Breakdown

All applicants must enter the requested information in the “projected level” column below. If this is a new component of an existing project, you must also complete the “current level” column. If this is a new project, please enter “N/A” in the “current” column. Estimates should reflect the count as when the project is fully operational.

Projected Bedrooms, Beds and Participants	Beds and Bedroom Categories	(A) Current Level	(B) Projected Level
	1. Total number of bedrooms for <u>all</u> homeless persons		
	2. Number of bedrooms for <u>just</u> homeless veterans		
	3. Total number of beds for <u>all</u> homeless persons (include cribs and children’s beds)		
	4. Number of beds for <u>just</u> homeless veterans		
	5. If service center, number of anticipated non-repeat visits per month (number of different veterans per month)		

### D. Project Narrative:

Please provide a brief abstract of the project to include: The project design, supportive services provided, project collaboration with the VA and community, and any special population of homeless that will be served. Please indicate if the program is new or an expansion of current services. (Please answer in the space provided below.)

2. **Project Summary (cont.)**

D. **Project Narrative Continued** (Please answer in the space provided below.)

### **E. State/Local Government Applicants:**

Applicants who are states or local governments must provide a copy of any comments or recommendations by approved state and (area wide) clearinghouses pursuant to Executive Order 12372.

### **3. Major Milestones (Timeline):**

Please enter the number of estimated days from execution of the per diem agreement that each of the milestones will occur. (e.g., If execution of agreement is 9/30/99 and it will take 30 days for item one, enter: 30 days). Enter N/A if the event is not part of the proposal. (Please answer in the space provided below.)

<b>Milestone</b>	<b>Days from Execution of Per Diem Award</b>
1. Operations Staff Hired	
2. Residents begin to Occupy	
3. Supportive Services Begin	

**4. Description of Need:**

**The information you provide here will assist in the rating of your project. Please provide a short and descriptive narrative responding to each of the following items:**

**A. How did you identify the need for this project?** (Please answer in the space provided below.)

**B. Estimate the total number of homeless veterans in your area that could be served by, or be eligible for, this program.** (Please answer in the space provided below.)

**C. List the sources of this information. Please be specific.** (Please answer in the space provided below.)



**D. What percentage or portions of this total number of homeless veterans (Question B) will be served by this proposed program?** (Please answer in the space provided below.)

**E. Describe any special characteristics or need of this group to be served to demonstrate understanding of the population.** (Please answer in the space provided below.)

## 5. Targeting:

### A. Settings

**The information you provide here will be used in rating targeting and quality of the project plan. Complete the chart below, estimating the percentage of project participants who:**

(Please answer in the space provided below.)

	<b>Projected Percentage (must total 100%)</b>
1. Regularly sleep in places not designed for, or ordinarily used as sleeping accommodations for human beings.	
2. Reside in an emergency shelter.	
3. Are otherwise homeless.	

### B. Description of “Otherwise Homeless”:

**(1.) If Item A, line 3, is greater than 0%, explain how participants will meet VA’s homeless definition.**

(VA definition of homeless or homeless individual is located in the Rules and Regulations §17.701 Definitions section in the appendix. Please answer in the space provided below.)

**(2.) If you described an “other wise homeless” population to be served, how will you determine that these individuals actually need your services (i.e., would spend the night in a shelter or on the street)?**

(Please answer in the space provided below.)

5. **Targeting (cont.):**

C. **Outreach Plan:**

**Please describe how your agency will identify and serve homeless veterans by responding to the following 7 questions:**

- (1.) Briefly describe the veteran who would qualify for housing and/or services. Describe the process your agency will use to screen homeless people for veteran status.** (Please answer in the space provided below.)

- (2.) Describe how your agency will reach out to homeless people living on the streets or in shelters.**  
(Please answer in the space provided below.)

**5C. Targeting (cont.):**

**(3.) How will you identify where homeless people can be found?**

(Please answer in the space provided below.)

**(4.) How will you sweep each site and engage the homeless to use your services?**

(Please answer in the space provided below.)

**5C. Targeting (cont.):**

**(5.) What initial services will you provide?** (Please answer in the space provided below.)

**(6.) In addition to outreach, are there other ways in which the homeless will access your services?**  
(Please answer in the space provided below.)

**5C. Targeting (cont.):**

**(7.) Describe, if applicable, the population that you will serve that will not be veterans.**

(Please answer in the space provided below.)

## 6. Project Plan:

This is the portion of the application that describes your program, as VA Reviewers will focus on how the project plan addresses the goals. The project plan section consists of 8 areas.

Please keep your answers within the boxed space provided after each question.

Area 1 questions begin with the goal. Be sure to address the goal in your answers.

Area 1. The information you provide here should relate to the following goals:

1. Residential stability of participants;
  2. Increased skill level and/or income of participants; and
  3. Greater self-determination of participants.
- 

For each of the three goals listed above, describe in the space provided:

- a) The specific measurable objective(s) that will be used to assess the program's success,
- b) How you decided on the objective(s)
- c) How the success of the program will be evaluated on an ongoing basis, and
- d) How you will determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program more fully realize its objectives.

**BEGIN ON NEXT PAGE.**

**6. Project Plan (cont.):**

**Area 1. (1a) The goal is residential stability of participants.** - - What is/are the specific measurable objective(s) that will be used to assess program success? (Please answer in the space provided below.)

**Area 1. (1b) The goal is residential stability of participants.** - - How did you decide on the objectives?  
(Please answer in the space provided below.)



**6. Project Plan (cont.):**

**Area 1. (1c) The goal is residential stability of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (1d) The goal is residential stability of participants** - - How will you determine whether program modifications are necessary, and if so how such changes will be implemented to make the program fully realize its objectives? (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (2a) The goal is increased skill level and/or income of participants** - - What are the specified measurable objective(s) that will be used to assess the program's success? (Please answer in the space provided below.)

**Area 1. (2b) The goal is increased skill level and/or income of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 1. (2c) The goal is increased skill level and/or income of participants** - - How will the success of the program be evaluated on an ongoing basis? (Please answer in the space provided below.)

**Area 1. (2d) The goal is increased skill level and/or income of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**ATTENTION APPLICANT! YOU ARE BEGINNING A NEW GOAL.**

**Area 1. (3a) The goal is greater self-determination of participants** - - What are the specific measurable objective(s) that will be used to access the program's success? (Please answer in the space provided below.)

**Area 1. (3b) The goal is greater self-determination of participants** - - How did you decide on the objective(s)? (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 1. (3c) The goal is greater self-determination of participants** - - How will the success of the program be evaluated on an on going basis? (Please answer in the space provided below.)

**Area 1. (3d) The goal is greater self-determination of participants** - - How will you determine whether program modifications are necessary, and if so, how such changes will be implemented in order to make the program fully realize its objectives? (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 2. Describe the process for assessing the initial service needs of potential participants in the program as well as the process for assessing the ongoing needs of individuals once they become program participants.**

(Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 3. Provide a brief description of the supportive services to be offered participants and the way in which supportive services will help participants meet the goals specified above. If the project will be providing case management, describe how case management services will be provided in the program. Include in the description the ratio of case managers to program participants.** (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 4. Describe what role participants will have in governance of the program.**

(Please answer in the space provided below.)



**6. Project Plan (cont.):**

**Area 5. Describe how this program will enable participants to gain greater access to neighborhood activities, services, and institutions.** (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 6. Describe how you will implement your program in accordance with your timeline.**

(Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 7. For applications proposing per diem for transitional housing, describe what permanent affordable housing will be available to participants upon leaving transitional housing and how participants will be readied for this event.** (Please answer in the space provided below.)

**6. Project Plan (cont.):**

**Area 8. Describe any follow-up services that will be provided once participants leave transitional housing. Include specific services to be provided.** (Please answer in the space provided below.)

## 7. Ability:

The information you provide here will be used in the rating of ability criterion. Please provide the requested resumes and complete the questions that follow within the boxed space that follows each question.

**Note:** All applicants must complete Items A through H, while Items I through K should be completed as appropriate for the proposal.

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### Describe the capacity of the organizations involved in carrying out this proposal in terms of :

**A. Experience of staff; please provide a resume of each key personnel.** (Attach here)

**B. Describe the experience of your organization in engaging the participation of homeless veterans residing in places not ordinarily meant for human habitation or in emergency shelters;** (Please answer in the space provided below.)

**C. Describe the experience of your organization in assessing the housing and supportive service needs of homeless veterans;** (please answer in the space provided below.)

**7. Ability (cont.):**

**D. Describe the experience of your organization in accessing housing and supportive service resources, including entitlement benefits;** (Please answer in the space provided below.)

**E. Describe the experience of your organization in providing supportive services to homeless persons that aid them in achieving and maintaining stable long term housing; increasing their skill levels and income; and gaining more influence over their lives;** (Please answer in the space provided below.)

**F. Describe the experience of your organization's ability to provide for the special needs of veterans;**  
(Please answer in the space provided below.)

**7. Ability (cont.):**

**G. Describe the experience of your organization in monitoring and evaluating individuals' progress in meeting personal goals;** (Please answer in the space provided below.)

**H. Describe the experience of your organization in evaluating overall effectiveness of programs and using the evaluation to make improvements;** (Please answer in the space provided below.)

**I. If applicable, describe the experience of your organization in operating a rental assistance program;**  
(Please answer in the space provided below.)

**7. Ability (cont.):**

**J. For those programs' applications involving operation/maintenance of a housing facility, describe the experience of your organization in operating housing for homeless persons. (Please answer in the space provided below.)**

**8. Coordination with other Programs:**

**Please provide a description of each of the following in the box space provided:**

**A. How was the planning of this program coordinated with other organizations that assist the homeless. List the primary agencies with which you work that serve homeless veterans. Describe the nature and duration of your relationship with them. (Please answer in the space provided below.)**



**8. Coordination with other Programs (Cont.):**

**B. How will program operations be integrated with existing services in the community (i.e., nonprofit organizations and governmental entities, including VA medical facilities, VA regional offices, and your VISN). (Please answer in the space provided below.)**

**8. Coordination with other Programs (cont.):**

**C. Attach here any VA or other coordination letters you have received in support of this project.**

**D. Describe your involvement in VA-community networking for homeless veterans (e.g., Community Homeless Assessment and Local Education and Networking Groups (CHALENG) for Veterans). Who is your closest VA Medical Center or VA Regional Office CHALENG Point of Contact with whom you have networked?** (If you have not networked with your CHALENG Point of Contact, see the CHALENG Contact Person List in the appendix and please contact him or her.) (Please answer in the space provided below.)

**9. Site Description:** (Please answer in the space provided below.)

**A. Address of Site (please make sure actual address of site(s) is listed and not the address of the agency):**

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**B. Type of Housing:** Check the one box that describes the type of living situation for participants.

- |  |   |
|--|---|
| <input type="checkbox"/> Dormitory             | <input type="checkbox"/> Shared apartment           |
| <input type="checkbox"/> Shared Bedroom        | <input type="checkbox"/> Single Family House        |
| <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Shared single family house |
| <input type="checkbox"/> Apartment             | <input type="checkbox"/> Other (describe below)     |

**OR**

☐ The site does not involve housing

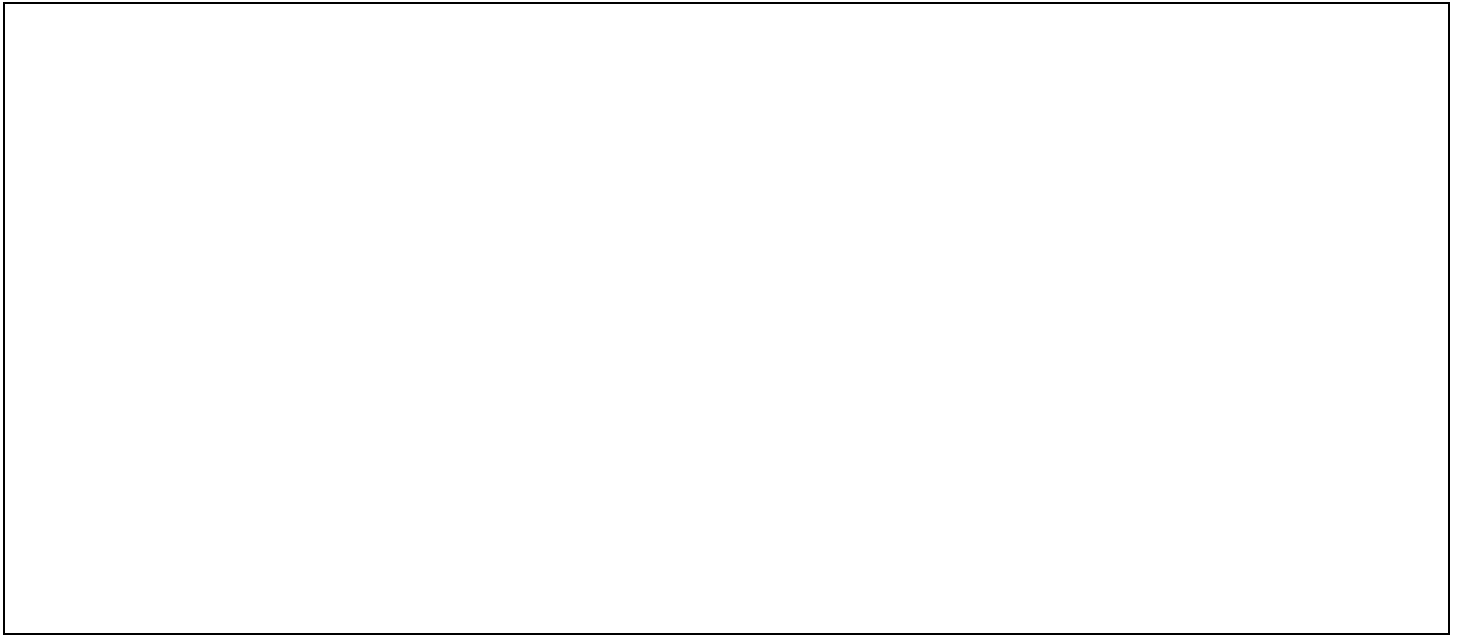
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**C. Housing Setting or Service Center Setting:** (Please answer in the space provided below.)

1. Describe the neighborhood where the site is located (e.g., rural, urban, suburban; residential or commercial; prevalence of single family or multi-family dwellings);
2. How receptive the neighborhood residents are to a homeless facility; and
3. The site's accessibility to supportive services.

**9. Site Description (cont.):** (Please answer in the space provided below.)

**D. Photograph:** Attach a photograph of the site clearly showing the main entrance of the building(s) in the space provided below.



**10. Assurances:**

There are several assurance forms, which need to be completed. **IMPORTANT:** Please ensure that you have completed all assurances to VA in the requested format. If you fail to do so it may result in the rejection of your application at the threshold review. All applicants must provide the assurances listed below to VA. For items A through F, please complete the necessary blocks and sign where appropriate.

NO OTHER FORMAT WILL BE ACCEPTED AS EVIDENCE OF A FIRM COMMITMENT.

## 10. Assurances (cont):

All applicants must agree to the following assurances to VA as described below. No other format will be accepted as evidence of reasonable assurances. Warning: Section I 00 I of Title 18 of the United States Code (Criminal Code and Criminal Procedure) shall apply to these assurances. Title 18 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$ 10,000 or imprisoned not more than five years, or both.

### **A. Services Benefiting Veterans**

If this proposal is funded applicant assures that upon completion of the project:

1. Programs so funded will be used principally to furnish to veterans the level of care for which the application was made at locations accessible to homeless veterans;
2. Not more than 25 percent of participants at any one time will consist of participants who are not receiving such services as veterans;
3. Services provided will meet standards prescribed by the Secretary of Veterans Affairs;
4. Referral networks will be maintained for, and aid will be given to, homeless veterans in establishing eligibility for assistance and obtaining services under available entitlement and assistance programs;
5. Confidentiality of records pertaining to homeless veterans will be maintained.

### **B. Reports; Record Retention**

If this proposal is funded, applicants assure that any and all reports required by the Secretary of Veterans affairs shall be made in such form and contain such information as the Secretary may require. Applicant further assures that upon demand, the Secretary of Veterans Affairs has access to the records upon which such information is based.

### **C. Continued Financial Support**

If this proposal is funded, applicant assures that adequate financial support will be available for the continued maintenance, repair and operation of the project.

### **D. Fiscal Control**

If this proposal is funded, applicant assures that it will establish and maintain such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the per diem award.

### **E. Non-Delinquency**

This institution certifies that it is not delinquent on any federal debt.

### **F. Accuracy of Application Information**

All information submitted with this application is accurate, and does not contain any false, fictitious, or fraudulent statement or entry.

Signature of Authorized Certifying Official Title	Date Submitted
Applicant Organization	Date

## **12. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

### **A. INSTRUCTIONS FOR CERTIFICATION PRIMARY COVERED TRANSACTIONS**

By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

1. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the determination of the Department of Veterans Affairs (VA) whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participating in this transaction.
2. The certification in this clause is a material representation of fact upon which reliance was placed when VA determined to enter into this transaction. If it is later determined that the prospective participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may terminate this transaction for cause of default.
3. The prospective primary participant shall provide immediate written notice to VA if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
5. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
6. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by VA, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may terminate this transaction for default.

**12. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**B. PRIMARY COVERED TRANSACTIONS**

**This certification is required by regulations implementing Executive Order 12549, Debarment and Suspension, and VA's implementing regulations at 38 CFR Part 44.**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal department or agency;
  - (b) Have not within a three- year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification such prospective participant shall attach an explanation to this proposal.

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative

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Date

## **12. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS(cont.)**

### **C. Instructions for Certification Lower Tier Covered Transactions**

By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.
2. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact VA for assistance in obtaining a copy of those regulations.
4. The perspective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by VA.
5. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, VA may pursue available remedies, including suspension and/or debarment.



**12. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (cont.)**

**D. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions**

- 1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

### 13. **CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

#### **A. INSTRUCTIONS FOR CERTIFICATION DRUG-FREE WORKPLACE**

By signing and/or submitting this, application or grant agreement, the grantee is providing the certification set out below.

1. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
2. For grantees other than individuals, Alternate I applies.
3. For grantees who are individuals, Alternate II applies.
4. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
5. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
6. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:
  - Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308-11 through 1308.15);
  - Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes;
  - Criminal drug statute means a federal or non-federal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
  - Employee means the employee of a grantee directly engaged in the performance of work under a grant, including:
    - (i) All direct charge employees;
    - (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and
    - (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 44, VA'S REGULATIONS  
IMPLEMENTING THE DRUG-FREE WORKPLACE ACT OF 1988.**

- B. The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibitions:
  - (b) Establishing an ongoing drug-free awareness program to inform employees about--
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
  - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer in writing of any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
  - (e) Notifying the Agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
    - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency;
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

C. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

\_\_\_\_\_  
Place of Performance (Street address, city, county, state, zip code.)

Check here if there are workplaces on file that are not identified here. ☐

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

#### **14. CERTIFICATION REGARDING LOBBYING**

### **THIS CERTIFICATION IS REQUIRED BY 38 CFR PART 45, VA'S REGULATIONS IMPLEMENTING SECTION 319 OF PUBLIC LAW 101-121.**

The undersigned certifies, to the best of their knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$ 1 0,000 and of more than \$ 100,000 for each such failure.

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Organization Name

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Name and Title of Authorized Representative

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Signature of Authorized Representative

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Date

## **Application Assembly Checklist**

Place your application in the order of the checklist below and list the page numbers in sequence on both the application and on this checklist. The checklist will serve as your Table of Contents for your application package. A page number box is at the bottom center of each application page. On documents you have provided (i.e., assurances, resumes, etc.) please place these documents in their proper order as directed in the application (i.e., Attach Here) and number them in sequence. When finished your application should be sequentially numbered, beginning at the first page and continuing through the last one submitted.

<b>Items</b>	<b>VA Page Numbers</b>	<b>Applicant Page Number</b>
Application for federal Assistance (Standard Form 424)	PDO – page 1	
Application Receipt Form (VA Form 10-0361A)	PDO – page 2	
Application Assembly Checklist	PDO – page 45	
Applicant Summary - - PDO	PDO - page 3	
Veterans Integrated Service Network	PDO - page 3	
Eligibility to Receive VA Assistance - - PDO	PDO - page 3	
Project Summary - - PDO a. Special Populations b. Innovation of Project c. Beds & Bedroom Breakdown d. Existing Project Narrative e. State and Local Govt. (if applicable)	PDO – pages 4 through 7	
Major Milestones (Timeline) - - PDO	PDO - page 7	
Description of Need - - PDO	PDO - pages 8 through 9	
Targeting - - PDO a. Settings b. Description of Otherwise Homeless c. Outreach Plan	PDO - pages 10 through 14	
Project Plan - - PDO Areas 1 through 8	PDO – pages 15 through 28	
Ability - - PDO a. Resumes of personnel b. Questions B through H (required) and I through J if applicable	PDO – pages 29 through 32	
Coordination with other Programs - - PDO a. Questions A, B, D b. Question C Letters of Support	PDO – pages 32 and 34	
Site Description - - PDO Areas A through D	PDO – pages 35 through 36	
Assurances - - PDO Areas A through F	PDO – pages 36 through 37	
Certifications - - PDO	PDO -- Pages 38 through 44	